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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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ADDRESS

27581  
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TITLE

Electrode selection system for medical electrical leads

FILING FEE  RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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